

**INSIDE
THE
CLIPPER**

NAVAL HOSPITAL
MEMPHIS

VOL. 9 NO. 4

- * SURGERY CLINIC FEATURE
- * NAVY RELIEF DRIVE
- * VIEWPOINT: UNIFORM
- * FAMILY PRACTICE CONCEPT
- * SOFTBALL!

DISPENSARY GROUND-BREAKING

RADM KAUFMAN TO
OFFICIATE THE CEREMONY.

On July 16 at 1030 the ground-breaking ceremony for the new dispensary and dental clinic will be held at the new facility's proposed site at "7" and "G" streets.

The new structure, to be built at an estimated cost of \$3.4 million, will house the dental clinic presently located at S-62 and the medical dispensary located at N-22. The principal speaker for the dedication will be Rear Admiral Paul Kaufman, Assistant Chief of BUMED for Material Resources. Other invited dignitaries will be the commanding officers of all the Navy Memphis commands, the mayors of both Memphis and Millington, and other civilian dignitaries including Congressmen Robin Beard and Ed Jones.

The building of the facility is expected to be completed by late 1976 or early 1977. It will provide NAS Memphis with centralized medical and dental care short of inpatient treatment which will, of course, be handled by the Naval Hospital. The location of the care center will bring the medical and dental services closer to the largest body of potential patients. After the ceremony refreshments will be served. All hands are invited.

(SEE PICTURE PAGE 3)

CORPS BIRTHDAY

A BRIEF HISTORY OF THE HOSPITAL CORPS

Since the Navy's creation there have been men who devoted their time and energy to the care of their ship's sick and injured. These men have gone under various names, have commanded various degrees of respect, but have always sought an ultimate objective; to save lives and to alleviate suffering.

There were no officially designated rates for the necessary tasks at hand in the Navy's early days. Men were selected or volunteered to serve in sickbay at the side of the surgeon. They carried out menial tasks, performed acts of mercy not pleasant to the tastes of other men, but just as necessary as the ministrations of the physician. A gradual evolution has made the descendants of these men the Hospital Corpsmen of today.

In 1799, Congress passed legislation setting aside a part of every ship in the Navy for the treatment of the sick. Called the "cockpit", it was well below the waterline to protect it from hits during engagements. The legislation also provided that the least valuable members of the crew were to be utilized as helpers for the surgeon and his officially designated mate.

By 1814, Navy Regulations had accepted these men, and named them "loblolly boys". Their function was to announce sick call, keep the cockpit clean, prepare hot tar before battles to cauterize the stumps of amputees, provide sand to

(see HOSPITAL CORPS, page 4)

CAPTAIN R. M. LEHMAN, JR., MC, USN. COMMANDING OFFICER
 CAPTAIN H. I. FURMANCHIK, NC, USN. . . CHIEF OF NURSING SERVICE
 COMMANDER S. D. BARKER, MSC, USN. DIR., ADMINISTRATIVE SERVICES

EDITOR-IN-CHIEF LT J. C. NEW, MSC, USN
 EDITOR. HN D. A. BARNETT, USN
 ART EDITOR. DN R. N. RORIE, USN

DUPLICATED MONTHLY ON GOVERNMENT EQUIPMENT WITH NON-APPROPRIATED FUNDS AND IN COMPLIANCE WITH NAVEXOS p-35 REV. JULY 1958.
 DISTRIBUTED FREE OF CHARGE TO PERSONNEL OF THE NAVAL HOSPITAL MEMPHIS, MILLINGTON, TENNESSEE. THE CLIPPER SOLICITS NEWS ITEMS FROM ITS READERS.

VIEWPOINT

"VIEWPOINT" is the opinion of the editor and staff. It in no way represents the official policy of the Department of the Navy, Department of Defense, or the command of Naval Hospital Memphis. Reader reaction is encouraged, and replies from responsible personnel are accepted for consideration for publication.

On April 15, 1975 an era quietly stepped aside, and new times began. Naval Hospital Memphis shifted to summer uniform and, for most of us, the old hot woolen blues were worn for the last time.

The traditional uniform of the Navy was a time-consuming, heavy, steamy pain in the neck. It was hard to keep up, it had many variations and as many regulations governing its wear. Thousands of recruits spent thousands of hours learning the proper tying of the neckerchief, and just as many cursed over the washing of their white hats. But now, as the uniform fades into naval history, all of the then-recruits look back with affection.

The difference between the old blues and the more modern uniform is the same as the difference between "sailors" and "Navymen". The oneness with the past has gone, the tradition has become history. The Navy will, as always, go on with its mission. Its men and women will, as always carry on. And someday future recruits will have the same mixed feelings about their troublesome combination caps that we have now about our thirteen buttons. But for now, it's enough to feel a little sad at the passing of an old friend.

Lysergic Acid Diethylamide does not go in your car battery.

HMC REWALT HONORED WITH LEADERSHIP AWARD

On 18 June 1975 Hospitalman Chief Donald Rewalt of Laboratory Service was chosen for the semiannual Leadership Award by the command leadership council, the same council that chooses the Sailor of the Quarter. This award is given to the Chief or First Class Petty Officer who exhibits outstanding leadership qualities. For the purposes of the award, leadership is defined as "the ability to produce results that serve the overall good of the nation, the Navy, and the command. The basic traits of a leader are knowledge, self-confidence, enthusiasm, and the ability to convince. For effective leadership, these traits must be supported by personal integrity, moral courage, and endurance. In addition to possessing these traits and believing in these principles, a good leader must live by them and act upon them in such a way as to be successful in inspiring others to follow him through the influence of his personal example".

The council examined the records of all Chief and First Class Petty Officers in the command, and by elimination reduced the field to four. Chief Rewalt was chosen from those four candidates as the candidate best meeting the precepts of leadership.

The following have been advanced to HM3

Jan Elaine Bartlett
 Thomas Allan Behling
 Jerome Black
 Thomas Edward Bledsoe
 Rodney Edwin Brents
 Randy Michael Campbell
 Andrew Joseph Cassidy
 Pamela Dawn Cornelius
 Roger Lynn DeBoer
 David Dewitt
 Michael John Duffy
 Mark Wyatt Elliot
 David Paul Evans
 Sunde Sue Evans
 Alexander Garcia
 Charles Henry Glascock
 Curtis Gene Hankammer
 Martha Jeanne Henderson
 Curtis Lee Hill
 Jerry Darnell King
 Danny Udan Laguitan
 James Douglas Lattier
 Karen Kay Mabry
 Douglas Lawrence Odea
 Raymond Warren Puckett
 Dennis Ray Richerson
 Robbie Roe
 Darla Mae Rossie
 William Raymond Schwind III
 Sheppard Lee Thomas
 Robert Joseph Vanabel
 John Matthew Walker
 Clark Douglas Wilson

PROMOTIONS

Gilson - CDR
 Voth - CDR
 Meiman - LCDR
 Allen - LTJG
 Bell - LTJG
 Brooks - LTJG
 Cron - LTJG
 Elsey - LTJG
 Floyd - LTJG
 Fridley - LTJG
 Gary - LTJG
 Hansen - LTJG
 Hodges - LTJG
 Jarvis - LTJG
 Lanning - LTJG
 Leister - LTJG
 Lesak - LTJG
 McShane - LTJG
 Prendergast - LTJG
 Strode - LTJG
 Warner - LTJG

AUGMENTATIONS

LTJG Allen
 LTJG Day

HISTORY OF THE UNITED STATES NAVY NURSE CORPS

On May 13, 1908, Congress approved legislation creating the Nurse Corps of the USN. The Corps had humble beginnings with twenty women commissioned. But the Sacred Twenty were the foundation for the organization of today.

The original group quickly grew to 1,386 nurses and served the Naval personnel during WW I. The Corps' leader was Lenah Suggcliffe Highee who, due to her administrative ability demonstrated by the efficiency of the nurses during the war, was awarded the Navy Cross, the only woman in Naval history to be given that honor.

The intervening period between wars was one of assessment and planning. The nurses in the Corps were well-trained, but then, as now, medicine was moving ahead at ever-increasing speed. Further education was necessary in order to maintain the quality of care. The NC attracted highly skilled women, and began to provide them with the means to further their knowledge. Courses in anesthesia, Tuberculosis nursing, and dietetics were introduced. Thus, the Corps was prepared for World War II.

During the war, the strength of the NC jumped from 1,776 to 11,086. Nurses worked in many capacities to care for the casualties of the global struggle. The emphasis was placed on caring for the total patient, not just the outward wounds. They worked with casualties in 40 naval hospitals, 176 dispensaries, 12 hospital ships, and taught in 6 Hospital Corps schools to help prepare the thousands of corpsmen needed for the combat units.

After the war ended, the Corps was granted full military rank, and became a full permanent staff corps of the Navy. As had been traditional, educational opportunities were made even more available. But this time the gap between wars was not so short, and the Korean conflict broke out.

Nurses manned hospital ships, field stations, and mobile hospitals. They cared for casualties suffering with injuries resulting from frostbite to napalm burns. They served to the best of their ability, and it is a record today that of every 100 men wounded, 98 survived.

In the aftermath of two serious military actions, the Corps had gained enough experience to cope with the long tragedy of



HMCM PAUX

Viet Nam. Nurses performed true to their tradition, and helped to save nearly all casualties of that war.

Even considering the past of the Corps, the decade of the 60's and now the 70's are by far the most exciting times the Corps has ever seen. Opportunities for promotion have been increased, and the NC now has its first admiral for Director. RADM Arlene Durek has helped to assure increased potential for NC officers, including an anesthesia program established under the auspices of George Washington University. There are now far-reaching programs to allow qualified officers to train for positions as nurse practitioners in Family Practice, OB/GYN, and Pediatrics. They are taking up more and more of the responsibility of health care delivery.

The efforts of the Corps and its administrators have made it a vibrant organization, respected by military and civilian professionals throughout the world.



CONSTRUCTION SITE OF NEW DISPENSARY

From the desk of the

MASTER CHIEF

"FOLLOW THE CHAIN OF COMMAND"

We have all probably heard that statement before whenever we're trying to accomplish something; get a little leave or liberty, or maybe special training. To some, it seems like a roadblock put there to thwart initiative.

Rather than a roadblock, the "chain of command" is part of a line staff type organization. Common to private business as well as the military, it is set up to facilitate the ready flow of information from the top down, from the bottom up, and to provide a method for maintaining control over the organization. The roadblock comes when links in the chain are severed.

What does this mean to the individual? It means keeping your petty officer or division officer informed so that meaningful decisions can be made and operations proceed efficiently.

To the supervisor, it means keeping your immediate superior informed as well as those you supervise.

-----BITS AND PIECES-----

Many opportunities for schools have been published in the Plan of the Day recently. Conversations with Master Chief Anderson in Bumed indicate that the availability of schools will slacken off somewhat in the future, so if you are interested in further training and you are qualified, NOW is the time to apply.

If you are dissatisfied with the way the EM Club or 4,5,& 6 Clubs are run or have beneficial complaints to make, contact your advisory board representative. He can help get things done. Your representatives are:

EM CLUB...HN Wyrick, Pharmacy
HN Welch, Education

4,5,6 CLUB...HM2 Baker, X-Ray

CPO CLUB...HMC Townley, Supply

An informative article on various state auto laws appears in the January 1975 issue of All Hands Magazine and is available in my office.

MASTER CHIEF PAUX

HOSPITAL CORPS, con't'd from page 1

catch the blood from surgery, they served. In fact, 7 of the and also to keep the floor from becoming slippery while the surgeon was operating. His days were numbered, however, for in men.

1842, the Bureau of Medicine and Surgery was established and personnel have served on Korea, charged with the health of the Santo Domingo, Viet Nam, and Lebanon. In purely civilian applications, they have rendered aid during natural disasters, including hurricanes and floods.

Today's Corps carries on its traditional devotion to learning. The modern corpsmen has the chance to specialize in any of the fields that medicine is so swiftly exploring; transplant technology, radiation medicine, advanced laboratory procedures, and research projects to numerous to name that aid the population as a whole, not just the

surgeon.

In 1863, the nation was involved in internal strife and the need for a higher level of medical practise became evident. Male nurses were then assigned aboard ships to care for the wounded and assist the surgeon.

This situation was satisfactory for three years, and then the Bureau, in an effort to increase the level of competency, changed the surgeon's stewards to apothecaries. They were required to

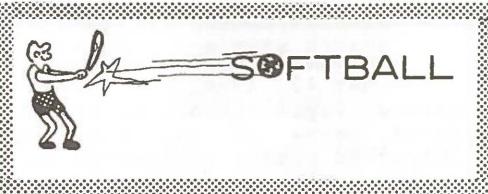
have graduated from an accredited college of pharmacy, and to assist the surgeon and the male nurse.

Despite these advances in knowledge, skill, and technique, even more education and more importantly, a standardization of learning became necessary. Male nurses had become "baymen" and were assigned strictly to sickbays, but each man had received his knowledge from different sources.

Therefore, on 17 JUNE 1898, Congress established the Hospital Corps. Twenty-five senior apothecaries were appointed to the new Corps, and just as the Nurse Corps was to have its Sacred Twenty ten years later, 25 are today considered to be the charter members of the Hospital Corps. The eldest of them, Cornelius O'Leary, had served for 37 and 1/2 years as an apothecary.

The Corps' famous history of valor under fire began almost immediately. In 1900, two short years after the Corps' creation, Hospital Apprentice Robert Stanley was awarded the Congressional Medal of Honor for valorous action during the Boxer Rebellion in China. It was one of the few such awards not given posthumously.

The Corps continued its tradition during WW I and WW II. It is a well-known fact that at Iwo Jima the casualty rate among the corpsmen was proportionately higher than that of the Marines



The first intramural slow pitch softball league held at the Naval Hospital ended its play with EENT coming out ahead of the rest with an 8 and 2 record. Coach Tony Washington said that the team was looking forward to entering the base championship playoffs in July.

One of the problems that the team had to face was the number of its players on rotating shifts. A decision is pending as to whether the players can be authorized special liberty for the purpose of attending the games.

The second place team, the Chiefs, closed out regular play with an 8 and 4 tally, and will be heading into the competition for the base championship. The stiffest competitors, according to the coach of EENT, will probably be MATSG-90 and Operations. EENT is optimistic about the chances of their taking the number one spot, but the chiefs seem more confident since one of the losses EENT suffered was to the Chiefs. CPO coach HMCM Paux has said that the chiefs have "as good an opportunity as anyone (to win) due to our expertise with the bat and glove".

Regardless of which team wins, both are optimistic about the tournament, and all hands are urged to support them by being present at the games, and cheering on the hospital's hopes.

tion unless they are pretest exempt.

The on the job training is directed toward patient care. Although not limited to the HR, HA, and HN, it is designed for direct supervision of those rates. This type of training is continuous at all levels and includes a broad range of emergency life-saving procedures.

The entire inservice training program is designed to enhance professional knowledge in a variety of specific medical and medically related areas.

Late in July, the first six month training period ends, and with it comes the end of the course exam. This test will be used to evaluate the effectiveness of the course curricula.

In August, a new test for exemption will be given to the hospital staff. Schedules for that test and the subsequent training cycle will be published at a later date.

INSERVICE EDUCATION by HMI G.R. Holmes

The continuous training of enlisted Hospital Corps personnel is of great importance. The Chief, Bureau of Medicine and Surgery places upon each command of the Naval establishment the responsibility for the administration of an instructional program which will provide for the continuous and systematic training of enlisted personnel in their ratings as hospital corpsmen and dental technicians. This training program is designed to broaden knowledge and skill, to keep corpsmen and dental techs abreast of the rapid advancements in the medical field, and to facilitate their advancement in rate.

Inservice training is divided between formal instruction and on the job training. OJT is a constant process whereas formal instruction is provided bi-monthly.

The formal training program is organized so that, on a recurring basis, it commences and terminates between the Navy-wide tests for advancement in rate. Instruction is progressive and covers subjects outlined in the Manual of Qualifications for Advancement. Each program begins with a pretest in the appropriate rate of the members being tested. This test determines the individual need for attending classes. All Hospital Corps personnel E-6 and below are required to attend formal instruc-

**WELCOME ABOARD
THE FOLLOWING OFFICERS
WILL BE REPORTING ABOARD
NAVAL HOSPITAL MEMPHIS**

LT F. BENEDICT, MSC, USN.....	HEALTH CARE ADMINISTRATION
LT WILLIAM E. BENNETT, MC, USNR.....	FAMILY PRACTICE
LT JAMES A. BENDON, MC, USNR.....	RADIOLOGY
ENS LORRAINE A. BESSOIR, NC, USNR.....	NURSING
CAPT GEORGE C. BINGHAM, MC, USN.....	FAMILY PRACTICE
LT ROBERT B. BUTCHER, MC, USNR.....	OTORHINOLARYNGOLOGY
LCDR CLIFFORD J. COX, MC, USNR.....	OPHTHALMOLOGY
LCDR WALTER E. DAWKINS, MC, USNR.....	FAMILY PRACTICE
LT JOHN M. DOLEMBRO, MC, USNR.....	ANESTHESIOLOGY
ENS DENISE M. DUPREY, NC, USNR.....	NURSING
ENS DEBORAH K. ELLERD, NC, USNR.....	NURSING
LT MARK R. FRAZIER, MC, USNR.....	INTERNAL MEDICINE
LT WILLIAM J. GEIGER, MC, USNR.....	FAMILY PRACTICE
ENS CYNTHIA A. HAGSTROM, NC, USNR.....	NURSING
LCDR RONALD T. HARRIS, MC, USN.....	OB/GYN
LT JOSEPH S. HAYES, MC, USNR.....	FAMILY PRACTICE
LTJG JAMES R. HENNING, NC, USNR.....	NURSING
ENS SHIRLI L. HILLMAN, NC, USNR.....	NURSING
LCDR CARL W. HUFF, MC, USNR.....	ORTHOPEDIC SURGERY
ENS CAROL A. JESPERSEN, NC, USNR.....	NURSING
LT ALPHONZO J. JONES, MC, USNR.....	FAMILY PRACTICE
LT HENRY M. KATZ, MC, USNR.....	DERMATOLOGY
LT HARVEY S. KOHN, MC, USNR.....	ORTHOPEDIC SURGERY
LT JOHN S. MITCHELL, MC, USNR.....	FAMILY PRACTICE
LT HARLAN K. MOULTON, MC, USNR.....	FAMILY PRACTICE
ENS DEBORAH A. PARMER, NC, USNR.....	NURSING
LT PETER J. PEFF, MC, USNR.....	FAMILY PRACTICE
LT DONALD D. PETERSON, MC, USNR.....	UROLOGY
LCDR JUNE E. RIDDELL, NC, USNR.....	NURSING
LT ROBERT N. SCHWENDIMANN, MC, USNR.....	NEUROLOGY
LT SIDNEY M. SIMPKINS, MC, USNR.....	ANESTHESIOLOGY
LCDR JAY S. SMITH, MC, USNR.....	PEDIATRICS
ENS MARY L. SMITH, NC, USNR.....	NURSING
LT ROBERT S. STRONG, MC, USN.....	FAMILY PRACTICE
LT WILLIAM J. THIEMAN, MC, USNR.....	FAMILY PRACTICE
ENS ELLEN L. THOMAS, NC, USNR.....	NURSING
LT ELEANOR J. THOMPSON, NC, USNR.....	NURSING
LCDR JESUS O. TORPOCO, MC, USNR.....	GENERAL SURGERY
LT ROGER E. VOGELFANGER, MC, USNR.....	PSYCHIATRY
LT DON P. ZENT, MC, USNR.....	FAMILY PRACTICE



SURGERY CLINIC SURGERY CLINIC
SURGERY CLINIC SURGERY CLINIC

Where do the patients requiring surgical attention but not inpatient care go? Who handles the potentially serious conditions that can be remedied by prompt treatment? The Surgery Clinic.

This is the clinic where patients with minor surgical conditions go, whether to have a cyst excised or to have a cosmetic procedure performed. There is a great deal more to the practise of surgery than the drama of the OR. Followups have to be done, and many things are better handled under a local anesthetic than a full scale procedure.

Surgery Clinic is presently staffed by two hospital corpsmen, HM3 Robbie Roe, and IIN James Ladzinski, one corpswave, Sunny Lodispoto, a civilian LPN, Marge Dawson, two general surgeons, Drs. Stuckey and Schwab, and a plastic surgeon, Chief of Surgery Martin Fackler. They handle approximately 40 patients per day, doing such things as suture removal, minor surgery, bronchoscopic, endoscopic, and proctoscopic exams. The three surgeons, in addition spend most of the morning in the OR. Fridays are reserved for vasectomies, which are done by the urologist, but assisted by the staff. If the case falls outside the province of internal medicine, OB/GYN, or orthopedics it's usually taken by Surgery Clinic.

Most of the procedures done are elective, not really necessities. But they all deal with conditions that have a potentially serious nature. Cysts, for example, come in a wide range and variety. They appear in an equally diverse number of locations. Most are never any noticed or ignored. But they all have the possibility of becoming

serious threats to health. Some cysts can be linked with pathology of cancer. Finally, a cyst just doesn't belong there, it serves no purpose, and it's best removed.

Breast exams and biopsies are another example. In the past months,

with the publicized treatment of the President's wife and Happy Rockefeller, women have become more and more aware of the danger of breast cancer, and they correspondingly are more eager for evaluation.

Most masses are harmless lumps

that appear for a few days and

then disappear, but a few are

actually the beginning of malignancy. All should be evaluated.

The clinic does so.

Within its field, the clinic performs to the maximum efficiency it can, always bearing in mind the welfare of the patient. The clinic is best described as a group of professionals working in unison at something they love.



THE FAMILY PRACTICE CONCEPT

Later this year, Naval Hospital Memphis will convert to a new concept in medical care, the family practice plan. This system is being hailed as a solution to the Navy doctor shortage. The system is simple, and may be the forerunner of a whole new method of health care delivery.

The system rests on the assignment of twelve family practitioners to NH Memphis. These doctors are not to be confused with general practitioners. The family practice physician is a specialist in his own right. He sees and treats the family as a unit. The emphasis is not just to treat acute conditions, although this is a part of his function. He tries to provide a high level of health maintenance rather than just dealing with the acute, immediate problems. In treating the family as a unit it is possible to see relationships between disease that the present system cannot readily perceive. For example, a pediatrician does not usually encounter the family environment of a child he is treating for hyperkinetic activity. The family practitioner, on the other hand, can be aware of both the child's hyperkinetic behavior and the parents' drinking problem which may present a key to the child's behavior problem. This is of course an extreme example, but it serves to highlight the advantage of the new system.

The concept also takes a great load from the specialty clinics. The family practitioners to be assigned here will either be board certified or eligible for certification. This means they will have a grasp of all the fields that pertain to the practice of medicine, but at the same time will know their limits. The specialty clinics will, for the most part, be seeing patients already seen by the

Family Prac. con't'd P.7

BY RYCK ROKI



JUST A SECOND -
I HAVE MY STUPID
THUMB CAUGHT IN
THE ROPE

TA
DA
TA
DA

PULL



con't'd from P.6

FP, and should therefore be treating patients that truly fall into their province. They will have a few patients that are their own, but most of the work done will be by the FP.

To get an idea of how the new system will actually work, imagine a patient seeing his doctor (patients will, when possible, see the same FP) for abdominal pain. The physician examines the patient, orders tests and finds that the case leaves too much doubt in his mind for a firm diagnosis. He refers the

case for a consultation by the proper clinic. That clinic will determine the condition, stabilize it, construct a treatment regimen, and refer the case back to the FP to administration of the treatment program.

As mentioned above, each family will have one physician assigned to them. Barring absence from leave, illness, etc., This is the doctor that the family will be seeing. In order to make the assignments, each family will have to submit an application to the Outpatient Depart-

ment. The application contains the name of the family, number of children, and a brief medical history. Staff at the hospital are also required to submit applications if they wish to participate.

It is expected that the new system will be operational by September. At that time the plan will prove whether or not it can alleviate the present problems and increase the efficiency of the Navy's health care delivery system, or create more problems of its own.

UNIT DEACTIVATED

After Book, Movie, Television, Is M★A★S★H Only a Memory?

The 43d Surgical Hospital, located at Camp Mosier, Korea, was deactivated February 28th. Formerly the 8055th MASH, the unit became world-famous when Richard Hooker wrote a novel depicting the zany exploits of two Army doctors during the Korean War and titled the book M*A*S*H for "Mobile Army Surgical Hospital."

The book's Korean War-era setting found a receptive audience and Hollywood jumped on the M*A*S*H gravy train, turning the book into a motion picture and a television series. As a result, M*A*S*H became a household word.

There were some distinctive relationships between the unit and its M*A*S*H counterpart. M*A*S*H author Hooker was with the 8055th during the Korean conflict. Other 8055th alumni say he based some of the story's characters and comedy situations on the unit and its people.

Most of the Korean towns immortalized in M*A*S*H are just a short drive from Camp Mosier, where the 43d was located. Uijongbu, noted in the book primarily for its "extracurricular" activities, is only five minutes drive to the south. Further south lies the district of Yong-dong-po where Hawkeye,

Trapper John and crew rewrote the football textbooks in a game against their arch rivals, the 121st Evacuation Hospital.

Although the terrain surrounding Camp Mosier is as rugged as any Hollywood director ever imagined, it's also more densely populated than depicted in the movie or television.

Assigned to aid specific infantry divisions, the unit stayed close to the fluctuating battlefield, performed enough surgery on seriously wounded soldiers to save their lives, then sent them to rear echelon medical facilities for more specialized care.

When fighting was heavy casualties flowed; in M*A*S*H Hooker talks about patient "deluges." These floods were not a product of his imagination. The six surgeons ordinarily assigned to the surgical hospital often operated around the clock on up to 150 patients a day.

Located in the same camp for the last 20 years, the 43d settled into the stable existence of a small station hospital. But the 43d found its unique identity with the world-famous M*A*S*H productions a boost to morale. Staff members were nicknamed Hawkeye and Hot Lips; the word M*A*S*H was stenciled on medical gowns and jogging suits. Last year the nurses challenged a neighboring unit to a football game—a reenactment of the gridiron clash in Hooker's book.

All this is a thing of the past now that the unit has been deactivated. But M*A*S*H will live on, thanks to Richard Hooker and his book.



Members of the 43d MASH recreate poster sent to the hospital by producers of the M*A*S*H television series.

There has been an increase in the number of people interested in kinesthetics, or body language. The Clipper, in keeping with the times, has done extensive research on the subject for your personal information and emotional fulfillment.

Kinesthetics is the art of learning to communicate with one

another through the use of our bodies and especially facial expressions. Everyone already does this to some extent as when one uses an angry expression, or when one "talks with his hands". This article hopes to point out more sophisticated uses of body language. We will do this through a series of the more basic expressive body positions.

(1) RECUMBENT



This position can be used for a number of suggestions. For example;

"Go away and leave me alone"
"ZZZZZZZZZZZZZZZZZZZZZZZZZ"
"Pass the bier"

You can see how useful this recumbent position is.

(2) ENRAGED



This position expresses mild dissatisfaction. It can be accompanied by various vocal expletives, thus enhancing the kinesthetic effect.

(3) OBEISANCE



This is a position of respect. It shows that you recognize someone's importance, and that you readily accept this fact. This position is usually preceded by that of;

(4) DROP KICK



This position is excellent for assertion of importance. When applied to someone, he will sometimes assume the position of Obeisance (figure 3). Thus communication is beautifully maintained.

As you have seen, kinesthetic communication can, if used properly, be a wonderful boon to self-expression. With study and practise, you can show your friends exactly what you think of them.

THE GREAT NAVY RELIEF SOFTBALL EXTRAVAGANZA

The hospital's participation in the Navy Relief Fund Drive was a resounding success this year as the hospital staff contributed 116.9% of its goal of \$3,936.00. The final total, according to Drive Hospital Chairman ENS C.D. Cruit was \$4614.00. At the All Hands Ball held June 20, the Queen of Navy



1

Memphis was crowned. Constance Christy, Candidate A, received the most votes, and was duly honored. It was disappointing to the three hospital candidates, but their dismay was offset by the fact that the command beat all previous command records in reaching and going over its goal. During the period of 1971 to 1974, the hospital contributions averaged 46.2% of its goal. This year's effort was an increase of 70.7% over the last three year's average. ENS Cruit was awarded a special citation for his work on the drive this year and its spectacular results.



5

- NO. 1: MS. RUUD AND THE FINE DETAILS OF BATTING
- NO. 2: DON'T ARGUE WITH THE UMPIRE, MS. PARNELL
- NO. 3: "BUT UMPIRE.....SIR....."
- NO. 4: MS. QUALLS CHEERS ON HER TEAM
- NO. 5: THE GALES GANG UP ON THE GUYS

Some of the highlights of the campaign were; a bicycle marathon ride by HM2 "JR" Satterthwaite, who eventually had to stop his 10 hour ride at 109.6 miles. In spite of the fact that his bicycle was run over by a truck midway through the ride, he netted \$280 for the effort.

A bake sale by the Fiscal Office was a success among the patients as well as staff, and gained an additional \$212.50 for the attainment of the final goal.

But the most spectacular effort was the softball game between the MC.MSC officers, the "Over the Hill Gang" and the "Gales", a team composed of nurses and corpswaves. It was billed as a charity game, and



2



2



3

the question remained after the action as to who exactly was charitable to whom during the competition. The final score was 15 to 11 in favor of the Gales, and the action was not confined solely to the playing field, as witness the photos by LTJG William Richburg. The game itself made a net profit of \$160, as well as getting some time off work for the staff to watch the contest.

All things considered, the drive to raise money for a most worthy cause succeeded overwhelmingly, and also contributed greatly to the morale and enthusiasm of the staff at large.